

New Jersey Department of Education
EMERGENCY IMMIGRANT EDUCATION PROGRAM
FY 2001 Final Report
Project Period 9/1/2000 to 8/31/2001

1. PROJECT NUMBER: EIEP		01		2. LEA:		3. County:	
4. Contact Person:				4a. Tel. #		4b. Fax #	
5. Address:							
6. Indicate whether or not the goals, objectives and activities in the approved application have been completed. If not, provide a rationale. Attach a separate sheet if necessary.							

		EXPENDED BUDGET					
7. EXPENDITURE CATEGORY	7a. FUNCTION OBJECT CODE	7b. FAMILY LITERACY	7c. INSERVICE TRAINING PERSONNEL	7d. ACADEMIC CAREER COUNSEL	7e. BASIC INSTRUCTIONAL SERVICE	7f. ED SOFTWARE TECH	7g. FUNDS TO BE REFUNDED
INSTRUCTION							
Salaries of Teachers	100-101						
Other Salaries for Instruction	100-106						
Purchased Prof. & Tech. Services	100-300						
Other Pur. Serv. (400-500 series)	100-500						
General Supplies	100-610						
Textbooks	100-640						
Other Objects	100-800						
SUBTOTAL INSTRUCTION							
SUPPORT SERVICES	200-						
	200-						
	200-						
	200-						
	200-						
SUBTOTAL – SUPPORT SERVICES							
FACILITIES ACQUISITION & CONSTRUCTION SERVICE							
Buildings (Use Charge)	400-720						
Instructional Equipment	400-731						
Noninstructional Equipment	400-732						
SUBTOTAL – FACILITIES ACQ & CONSTR							
Schoolwide Programs: Abbott	520-930						
Schoolwide Programs: Non-Abbott	520-932						
TOTAL FUNDS							

8a. Approved FY 2001 Award: \$	8b. Total Expended Amount: \$	8c. Total Refund Amount:
--------------------------------	-------------------------------	--------------------------

9. To the best of our knowledge, we certify that this report is accurate.

Approved by Chief School Administrator: _____ (Signature): _____ Date: _____

Approved by Board Secretary/School Bus. Admin: _____ (Signature): _____ Date: _____

INSTRUCTIONS FOR COMPLETING FINAL REPORT

- 1-5. Complete all identifying information.
6. Indicate whether or not the goals, objectives and activities in the approved application have been completed. If not, provide a rationale. Attach a separate sheet if necessary.
- 7-7a. For the *Support Services* expenditure category (column 7) write in those items and function/object codes (column 7a) as needed to identify the expended funds (columns 7b through 7f).
- 7b-7f. Enter by line item the amount expended from the originally approved budget or the most recently approved amended budget.
- 7g. Enter by line item the unexpended amounts that the LEA will be returning.
- 8a. Enter your LEAs approved FY 2001 award.
- 8b. Enter the Total Expended Amount calculated by adding the Total Funds in Columns 7b. through 7f.
- 8c. Calculate the amount to be refunded by subtracting 8b. from 8a, and totaling 7g. Both figures should agree.
Make check payable to: **Treasurer, State of New Jersey**, and mail with copy of the first page of the Final Report to:

New Jersey Department of Education
Office of Budget and Accounting
Bureau of Revenue and Grant Accounting
PO Box 500
Trenton, New Jersey 08625-0500

NOTE: 8b + 8c = 8a.

9. Signature of Chief School Administrator and date following review.
Signature of Board Secretary and date following review.

Send the original and one copy of this Final Report to:

Emilio Fandino, Acting Director
New Jersey Department of Education
Office of Bilingual Education & Equity Issues
PO Box 500
Trenton, New Jersey 08625-0500

Please maintain a copy of the report in the district office.